

# Utah Refugee Health Program

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Bureau of Epidemiology  
Treatment and Care Services Program



February 2015

# Utah Refugee Health Program Manual

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## Manual Updates

Updates to the February 2015 Refugee Health Program Manual include:

- U.S. Arrival Data (page 7)
- Priority 3 Countries (page 8)
- Utah Arrival Data (page 11)
- UDOH Refugee Health Program Services and Funding (page 13)
- UDOH Refugee Health Program Staff (page 15)
- UDOH Refugee Health Program Listserv (page 16)
- Refugee Dental Program (page 32)
- Affordable Care Act (page 35)
- ORR Health Promotion Grant (page 35)
- Incentives (pages 37-38)
- Appendix D

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## Introduction

The United Nations defines a refugee as, *“Any person who is outside any country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.”*<sup>1</sup>

Providing refuge to individuals whose lives have been impacted by war, conflict or disaster is a key part of the United States’ humanitarian efforts. Following World War II and the admission of 250,000 displaced Europeans, Congress enacted the first refugee legislation, “The Displaced Persons Act of 1948”, which allowed for the admission of an additional 400,000 displaced Europeans<sup>2</sup>.

In 1975, with the resettlement of hundreds of thousands of Vietnamese refugees, Congress recognized the need to establish a formal resettlement program. Congress passed the “Refugee Act of 1980,” which standardized resettlement services for all refugees admitted to the United States. Administered by the Bureau of Population, Refugees and Migration (PRM) in conjunction with the Office of Refugee Resettlement (ORR) in the Department of Health and Human Services (HHS) the current refugee program contracts with nine voluntary agencies (VOLAGS) to ensure newly arrived refugees successfully integrate into their new communities<sup>3</sup>.

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<sup>1</sup> <http://www.acf.hhs.gov/programs/orr/resource/who-we-serve-refugees> 8/24/12

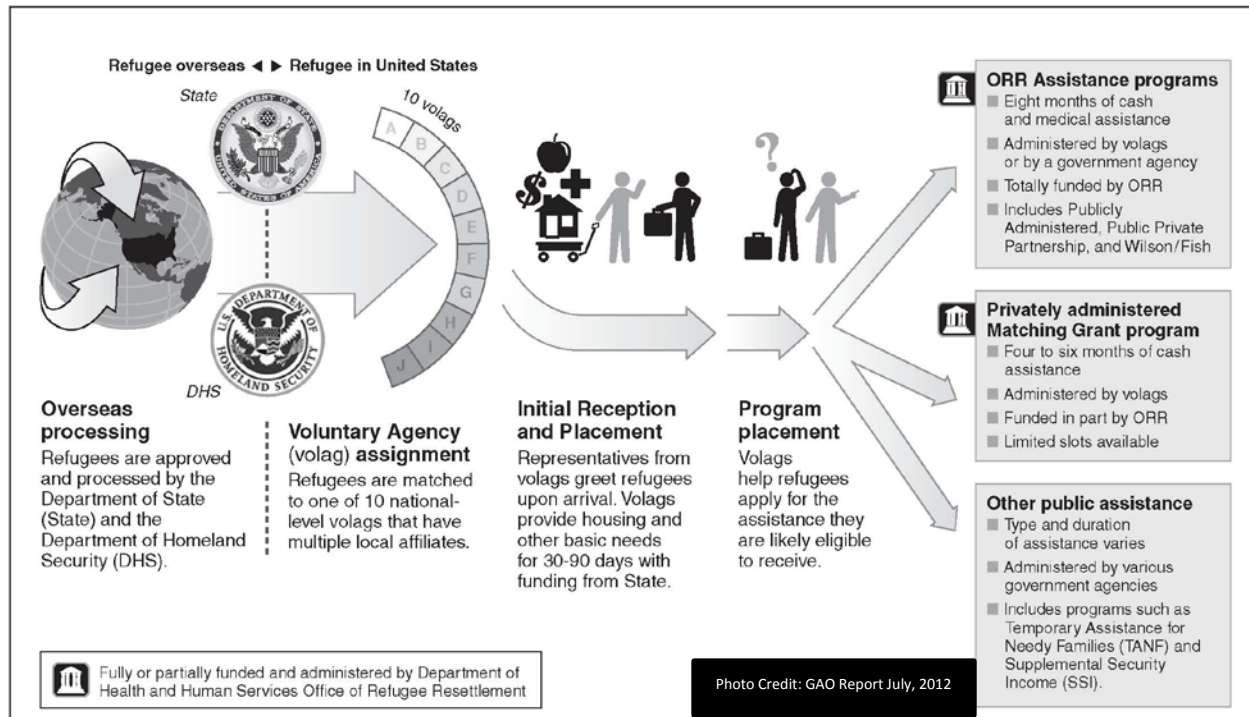
<sup>2</sup> <http://www.rcusa.org/index.php?page=history> 8/23/12

<sup>3</sup> Ibid

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## Resettlement Process

The refugee admissions process is quite comprehensive and may take anywhere from a few months to years to complete. The graphic<sup>4</sup> below, created by HHS, outlines the admission process.



Source: GAO

Each year the United States determines how many refugees will be resettled in a fiscal year (FY), October 1-September 30. While the number fluctuates slightly year to year the goal has been to admit 70,000-80,000 refugees annually. Additionally, the United States has identified five regions from which refugees will be accepted: 1) Latin American and Caribbean; 2) Europe and Central Asia; 3) East Asia; 4) Africa; and 5) Near East and South Asia. The number of refugees from each region is determined on an annual basis; for the past several years the largest numbers of refugees have come from the Near East and South Asia regions followed by East Asia and Africa.

<sup>4</sup> According to PRM's website the correct number of Voluntary Agencies is 9: <http://www.state.gov/j/prm/ra/index.htm>

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## FY2014 Arrivals

Region	Number of Individuals
Africa	17,476
East Asia	14,784
Europe and Central Asia	959
Latin America/Caribbean	4,318
Near East/South Asia	32,450
Totals	69,987

Source: Refugee Processing Center

## FY2015 Proposed Admissions

Region	Proposed allocations
Africa	17,000
East Asia	13,000
Europe and Central Asia	1,000
Latin America/Caribbean	4,000
Near East/South Asia	343000
Unallocated Reserve	2,000
Total	70,000

Source: Proposed Refugee Admissions for Fiscal Year 2015: Report to the Congress. <http://www.state.gov/j/prm/releases/docsforcongress/231817.htm>

In addition to determining the overall number of refugee admissions and allocations from specific regions, the United States has developed a three-tiered priority system to help identify the most vulnerable individuals and groups.

- **Priority 1:** Individual referrals from the United Nations High Commissioner for Refugees (UNHCR), U.S. Embassy and/or other non-governmental organizations (NGOs) working overseas; individuals with compelling need or security issues requiring third country resettlement.
- **Priority 2:** Group referrals, specifically groups with special interest to the United States. These groups are identified by working closely with the UNHCR. Groups identified for resettlement in FY2015 are:

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## FY2015 Priority 2 Designations<sup>5</sup>:

In-country processing programs	Groups of humanitarian concern outside the country of origin
Eurasia and the Baltics-Jews, Evangelical Christians, and Ukrainian Catholic and Orthodox religious adherents	Ethnic minorities and others from Burma in Thailand camps
Cuba-human rights activists, members of persecuted religious minorities, former political prisoners, forced labor conscripts, and those deprived of professional credentials	Ethnic minorities from Burma in Malaysia
Iraq-individuals associated with the United States	Iraq-individuals associated with the United States
Minors in Honduras, El Salvador and Guatemala	Bhutanese in Nepal
	Iranian religious minorities
	Congolese in Rwanda

- **Priority 3:** Family reunification, which is limited to parents, spouses and unmarried children under the age of 21 and/or parents of specific nationalities. The program was placed on hold in 2008, but resumed on October 15, 2012 with new requirements, such as DNA testing for biological parent-child relationships. In FY2015, individuals of the following countries are eligible to apply for family reunification: Afghanistan, Bhutan, Burma, Burundi, Central African Republic, Colombia, Cuba, Democratic People's Republic of Korea, Democratic Republic of Congo, El Salvador, Eritrea, Ethiopia, Guatemala, Haiti, Honduras, Iran, Iraq, Mali, Somalia, South Sudan, Sri Lanka, Sudan, Syria and Uzbekistan.

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<sup>5</sup> Proposed Refugee Admissions for Fiscal Year 2014: Report to the Congress. <http://www.state.gov/documents/organization/219137.pdf>



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## Resettlement in Utah

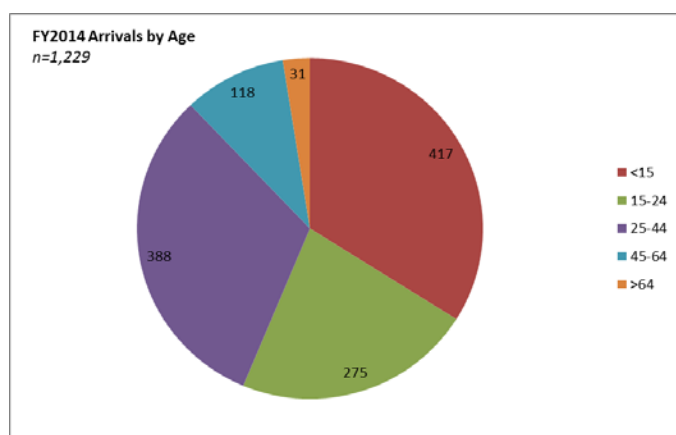
There are estimated to be over 25,000<sup>6</sup> refugees, speaking more than 40 languages, living in Utah; roughly 1,100 refugees arrive in Utah each year. Two resettlement agencies, Catholic Community Service (CCS) and International Rescue Committee (IRC), provide newly arrived refugees with direct services and support. During the first 90 days, known as the reception and placement period, refugees have access to monetary

Nativity	Number of Individuals	Nativity	Number of Individuals
Afghanistan	61	Karenni	9
Arakanese	1	Kumana	4
Burma	21	Mon	2
Bhutan	95	North Korea	1
Burundi	8	Pakistan	20
Cambodia	1	Rohingya	11
Chin	26	Rwanda	14
China	1	Shan	3
Columbia	4	Somali	279
Congo	14	Somali Bantu	10
Cuba	20	Sri Lanka Tamil	4
DRC	82	Sudan	64
Egypt	1	Togo	4
Eritrea	21	Ukraine	1
Ethiopia	9		
Iran	17		
Iraq	361		
Karen	55		
Kachin	5		

**FY2014 Utah Arrivals**  
**1,229 individuals**

*Source: UDOH Refugee Health Access Database*

assistance along with employment, housing, education, health and acculturation support. Additionally, refugees typically have access to state-funded programs such as Medicaid and Supplemental Nutrition Assistance Program (SNAP). Utah is unique in that it offers refugees 24 months of direct supportive



services. Refugees resettled through CCS receive direct support for 12 months after which their case is transferred to the Refugee and Immigrant Center at the Asian Association of Utah (RIC-AAU), a community based organization that provides employment, mental health, ESL, case management and citizenship services to refugees and immigrants. IRC provides supportive services to refugee clients for the full 24 months. The Utah

Refugee Services Office (RSO), housed in the Department of Workforce Services (DWS), facilitates the support of the larger refugee community through various initiatives, including capacity building of ethnic-based community organizations, also known as Refugee Community Organizations (RCOs).

<sup>6</sup> State of Utah Refugee Office. Refugee 101. [www.refugee.utah.gov](http://www.refugee.utah.gov)

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Community resources and partnerships are crucial to successful integration; agencies serving refugees rely on one another to ensure that services are timely, adequate and culturally and linguistically appropriate. DWS facilitates access to government-funded programs such as Medicaid, SNAP, financial assistance and work readiness programs. Public schools within various school districts provide education for both children and adult learners; additionally local organizations provide ESL classes and tutors. Employment plays a major role in successful integration; staff from CCS, IRC, RIC-AAU and DWS work closely with local employers to identify and secure employment for refugee clients. Access to medical services is also an important factor in the integration process; numerous medical providers and facilities provide quality care to refugee patients. While the majority of Utah's refugee population lives within Salt Lake County, smaller communities have been established in Logan and Heber City where local organizations provide assistance.

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## Utah Department of Health Refugee Health Program

The mission of the Utah Health Department of Health (UDOH) is to “Protect the public's health through preventing avoidable illness, injury, disability and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.”<sup>7</sup> (<http://health.utah.gov/>)

Housed in the Division of Disease Control and Prevention, Bureau of Epidemiology, the Treatment and Care Services Program oversees the Utah Refugee Health Program. The mission of the Division of Disease Control and Prevention is to rapidly detect and investigate communicable diseases and environmental health hazards, provide prevention-focused education, and institute control measures to reduce and prevent the impact of disease.

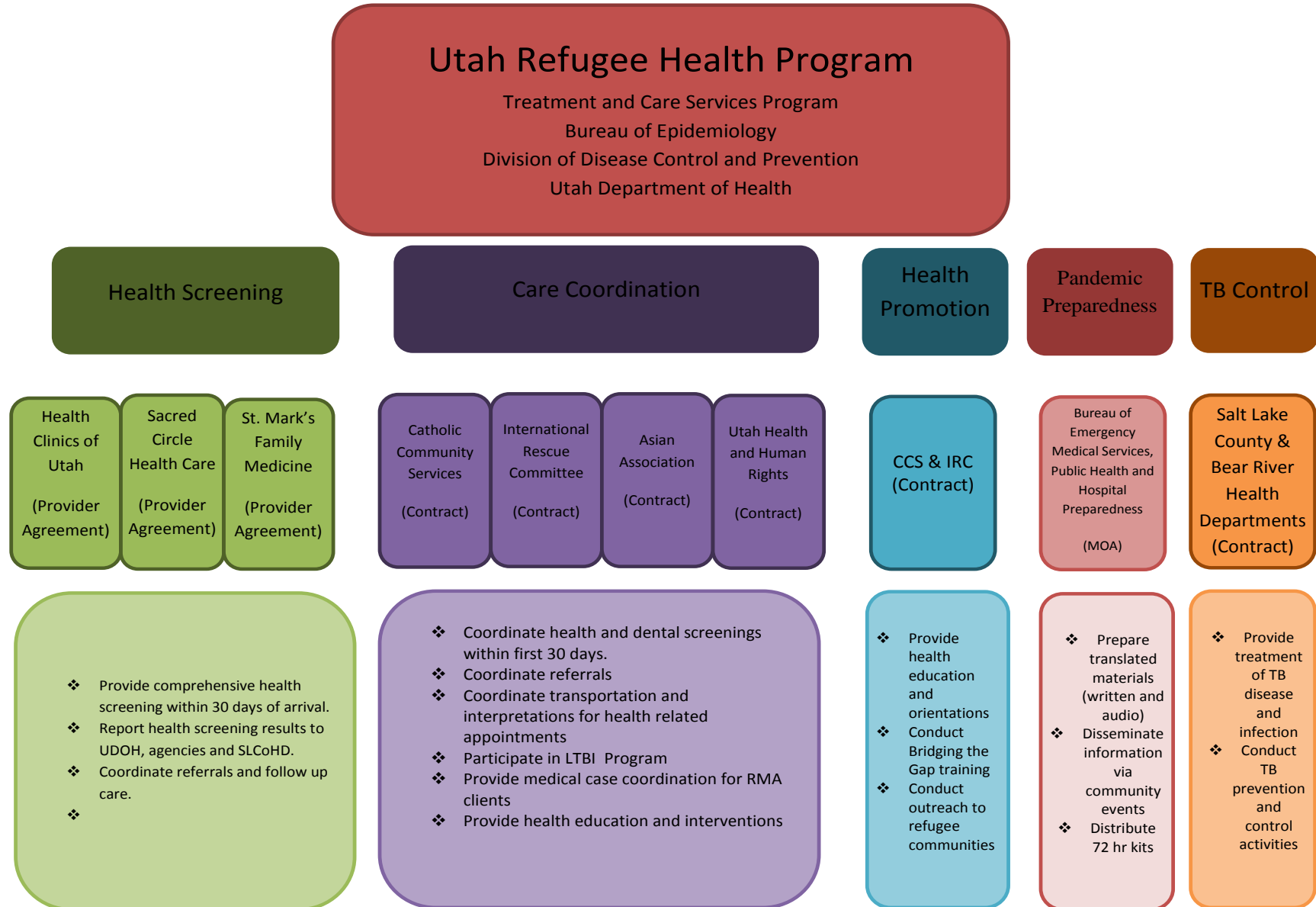
The goal of the Utah Refugee Health Program is to, ***“Foster community health partnerships with those serving refugee populations through culturally appropriate health screening, education and referrals.”*** By coordinating activities between local providers, resettlement agencies, local health departments, DWS, the Center for Disease Control and Prevention (CDC) and ORR, the Utah Refugee Health Program (Program) facilitates and promotes health programs and services that facilitate successful resettlement and integration in a culturally and linguistically appropriate manner (<http://health.utah.gov/epi/healthypeople/refugee/>).

Services and funding provided by the Program focus on five priority areas: 1) Health Screening; 2) Care Coordination; 3) Health Promotion; 4) Pandemic Preparedness; and 5) TB Control. The graphic on the following page describes current efforts in these five areas.

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<sup>7</sup> <http://health.utah.gov/>

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## ***Program Goals and Objectives:***

- 1). The Program will collaborate with resettlement agencies to ensure that at least 90% of newly arriving refugees complete a health screening within 30 days of arrival.
- 2). The Program will monitor health screening results to ensure that 95% of individuals screened and identified with reportable conditions are referred for follow up care and/or treatment within 30 days of receiving a report of the condition.
- 3). The Program will monitor health screening results to ensure that 95% of individuals screened establish a medical home within 30 days of completing the screening.
- 4). The Program will monitor resettlement agencies to ensure that 80% of individuals screened establish care with their health screening provider.
- 5). The Program will work with resettlement agencies to ensure that 90% of individuals referred for a TB-related chest x-ray obtain the x-ray within 30 days of receiving chest x-ray order.
- 6). The Program will coordinate with resettlement agencies and mental health providers to ensure that 90% of clients referred for mental health services complete an intake within the timeframe recommended by the screening physicians.
- 8). The Program will provide education to individuals serving as medical interpreters to improve understanding of the medical interpreter role, codes of conduct, medical terminology and other skills necessary to provide culturally competent, medically appropriate service.

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## ***Utah Refugee Health Program Staff:***

- **Amelia Self, State Refugee Health Coordinator; Treatment and Care Services Program Manager**  
Oversees the TB Control, Ryan White and Refugee Health Programs; facilitates program development, community collaboration and technical assistance.
- **Gerrie Dowdle, Health Program Specialist**  
Oversees data management and surveillance of the Utah Refugee Health Access Database; monitors clinical performance and outcomes; oversees provider training and education.
- **Chelsey Butchereit, Health Program Coordinator**  
Monitors and evaluates the state of refugee health and health services after the initial six-month resettlement period; coordinates ORR funded Refugee Health Promotion grant.
- **Joan Parker, Office Specialist**  
Assists with Utah Refugee Health Access Database and other data management tools critical to the functioning of the Program; coordinates purchasing and maintains Program inventory.
- **Staff Providing Support to the Refugee Health Program:**
  - Larry Niler-TB Nurse Consultant/State TB Controller
  - Jerry Carlile-TB Epidemiologist
  - Cheri Shubert-Finance Manager

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## ***Refugee Health Program Listserv: Chelsey***

The Program supports a listserv for stakeholders involved with refugee health. The listserv provides members with an easy way to exchange information and discuss issues relevant to refugee resettlement and the health of resettled refugees living in Utah. To subscribe to the listserv, send an email to [rhprogram@utah.gov](mailto:rhprogram@utah.gov) with your name, the organization you represent (if any) and a brief statement describing your involvement in refugee resettlement and refugee health. If you are accepted, you will receive confirmation of your subscription.

## ***Utah Refugee Health Access Database:***

The Utah Refugee Health Access Database is used to collect, analyze and disseminate information on Class B medical conditions (overseas medical data), refugee arrivals and refugee health screening results. Additionally, the database is used to analyze and disseminate aggregate data on a trimester, annual and ad hoc basis. The following information is collected from RIC-AAU, CCS, IRC and screening clinics and entered into the Utah Refugee Health Access Database:

- Alien ID Number
- Date of Arrival
- Name
- Household ID Number
- Age/Date of Birth
- Sex
- Place of Birth/Nativity
- Arrived From
- Date of Health Screening
- Health Screening Results
- Class B Medical Conditions

For refugee health related aggregate data please contact the Utah Refugee Health Program (801-538-6191).

## Overseas Medical Report and Conditions

The Refugee Overseas Medical Examination is conducted prior to departure for the United States in order to detect diseases that would preclude admission to the United States and to prevent the importation of diseases of public health importance<sup>8</sup>. Physicians from the International Organization for Migration (IOM) or a local panel of physicians approved by the CDC, perform the examination using locally available facilities and document findings on the appropriate forms (Appendix A). The examination includes<sup>9</sup>:

- a) Medical history and physical examination.
- b) Tuberculosis (TB) Screening: a complete screening for TB includes a medical history, physical examination, chest x-ray, determination of immune response to *Mycobacterium tuberculosis* (i.e., tuberculin skin testing [TST] or interferon gamma release assay [IGRA], when required and sputum testing, when required.
  - a. Applicants  $\geq 15$  years of age require a medical history, physical examination and CXR.
  - b. Applicants 2-14 of age living in countries with World Health Organization estimated TB incidence rates of  $\geq 20$  cases per 100,000 should have a TST or IGRA.
- c) Chest x-ray for age  $\geq 15$  years (for South Asian refugees, the age is  $\geq 2$  years). Sputum smear for acid-fast bacilli, if the chest x-ray is suggestive of clinically active tuberculosis disease (ATBD).
- d) Serologic test for syphilis for age  $\geq 15$  years. Persons with positive results are required to undergo treatment prior to departure for the United States.; physical exam for evidence of other STDs. As of Jan 4, 2010, HIV testing is no longer required as HIV does not preclude admission.
- e) Physical exam for signs of Hansen's disease. Refugees with laboratory-confirmed Hansen's disease are placed on treatment for six months before they are eligible for travel to the U.S. Generally, treatment must be continued in the United States.

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<sup>8</sup> <http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>

<sup>9</sup> <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/technical-instructions-panel-physicians.html>



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- f) A determination regarding whether or not a refugee has a mental disorder. Physicians rely on a medical history provided by the patient and his/her relatives and any documentation such as medical and hospitalization records.
- g) Vaccinations that are age-appropriate and protect against a disease that has the potential to cause an outbreak or protect against a disease that has been eliminated in the United States. or in the process of being eliminated.

Departure of refugees with communicable diseases that preclude entry into the United States (e.g., syphilis, gonorrhea or Hansen's disease) may be delayed until appropriate treatment is initiated and the individual is no longer infectious. Based on the examination, an individual's medical status is assigned a classification.

These classifications include:

- **Class A:** Conditions prevent a refugee from entering the United States; they include communicable diseases of public health significance, mental illnesses associated with violent behavior and/or drug addiction. Class A conditions require approved waivers for entry and immediate follow up upon arrival. Examples of Class A conditions are:
  - Chancroid, gonorrhea, granuloma inguinale, lymphogranuloma venereum and syphilis
  - TB: active and infectious
  - Hansen's disease (leprosy)
  - Mental illness with association harmful behavior
  - Substance abuse
- **Class B:** Physical or mental abnormalities, diseases or disabilities of significant nature; require follow up soon after arrival.
  - TB: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive tuberculin skin test (TST)
  - Hansen's disease, not infectious
  - Other significant physical disease, defect or disability
- **Class B TB-** (see page 20)
  - Class B1 TB, Pulmonary
  - Class B1 TB, Extra pulmonary
  - Class B2 TB, LTBI Evaluation

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The quality of the examination varies and depends on such factors as the site of the examination, the panel of physicians and how long the examination process has been in place at a given location. The examination is valid for one year for those examined in countries using the 1991 TB Technical Instructions as long as the applicant does not have a Class A or Class B TB condition; if any of these conditions exist, the exam is valid for six months. For applicants screened in countries using the 2007 TB Technical Instructions, the exam is valid for six months if there is no Class A TB, Class B1 TB or HIV condition. If any of these conditions exist the examination is valid for three months<sup>10</sup>.

## ***Monitoring of Class B Medical Conditions***

Information about Class B medical conditions is provided to refugee resettlement agencies prior to an individual's arrival in order that medical needs can be addressed in a timely manner once a refugee has been resettled. Though this information has been used over the years to assist individual refugees in addressing health needs, it wasn't being used to assess the overall health status of all refugees arriving to Utah. The Program began tracking Class B medical conditions in fiscal year 2013 using information provided by IRC and CCS in an effort to understand the health needs of refugees upon arrival to Utah.

Since fiscal year 2013 Basic reports of the numbers of conditions and required follow-up times was being provided by the RHP to IRC and CCS. However, beginning in 2015 the Program will further analyze the information provided and issue a report about Class B medical conditions among refugee arrivals to Utah for fiscal years 2013-2014; additional reporting and monitoring of Class B medical conditions will be ongoing.

The intention of monitoring, analyzing and reporting this information is to assist stakeholders in Utah to make informed decisions about what types and the numbers of medical conditions that can adequately be accommodated and to identify potential resource limitations impacting refugee health.

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<sup>10</sup> <http://www.cdc.gov/immigrantrefugeehealth/exams/medical-examination-faqs.html>

## Refugee Health Screening

The first interaction that refugees have with the health care system in the United States begins with the Refugee Health Screening. The Refugee Act of 1980 entitles each newly arriving refugee to a complete health screening exam within the first 30 days after arriving in the United States. The purpose of the domestic screening is to “reduce the spread of infectious disease, ensure ailments are identified and treated, promote preventive health practices, and to ensure good health practices facilitate successful integration and self-sufficiency.”<sup>11</sup>

The Program works closely with various clinics to provide a comprehensive Refugee Health Screening. Resettlement agencies, RIC-AAU, CCS and IRC, are responsible for scheduling the screening appointment, arranging transportation and interpretation and ensuring each newly arrived refugee successfully completes the screening within 30 days.

Utah offers a comprehensive and holistic health screening (Appendix B); components of the screening are:

- A. Physical Exam-addresses health concerns and conditions in the following areas:
  - Cardiology
  - Dental
  - Dermatology
  - Endocrinology
  - ENT
  - Genitourinary
  - GI
  - Hematology
  - Musculoskeletal
  - Neurology
  - Nutrition
  - Obstetrics
  - Ophthalmology
  - Pulmonology
  - Preventive (family planning, tobacco)

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<sup>11</sup> <http://www.acf.hhs.gov/programs/orr/programs/preventive-health>

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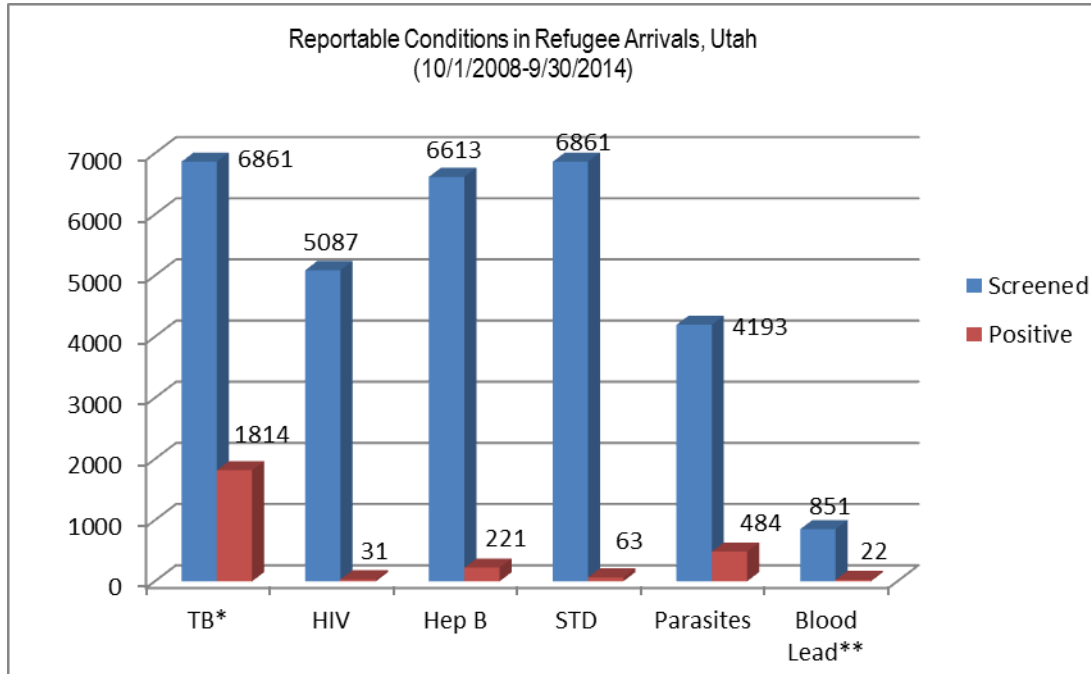
- B. Screening and Testing-assess for sexually-transmitted diseases, parasites, deficiencies and chronic disease including:
- HIV
  - Hepatitis B
  - Hepatitis C
  - Syphilis
  - Schistosomiasis
  - Strongyloides
  - Giardia
  - Anemia
  - Diabetes
  - Other intestinal parasites
- C. Immunizations- the CDC's Advisory Committee on Immunization Practices (ACIP) vaccination requirements do not apply to refugees at the time of their initial admission to the United States; however, refugees must meet the vaccination requirements when applying for adjustment of status or permanent resident status in the United States (one year or more after arrival).<sup>12</sup>
- D. Presumptive Treatment-for parasites known to be common to specific regions from which refugees are arriving specifically Schistosomiasis (Praziquantel) and Strongyloides (Ivermectin).
- E. TB Screening-targeted testing for latent TB infection (LTBI) primarily using QuantiFERON®-TB Gold (QFT-G), which is an alternate testing method for the tuberculin skin test (TST) and offers increased specificity and sensitivity. TST may be used if QFT-G blood draw is unsuccessful or if the QFT-G is indeterminate. The TST is still used for children age five or younger.
- F. Mental Health Screening-the Refugee Health Screener 15 (RHS-15) is used to screen for depression, anxiety, PTSD and overall distress in refugees ages 14 and older.

Communicable and/or diseases of public health significance are reported to the local health department (LHD) and UDOH. If follow up is required, the LHD will either coordinate with the resettlement agency or contact the refugee directly. Refugees found to have an infectious disease, including parasitic or worm infections, will receive the appropriate medication or a prescription for the medication.

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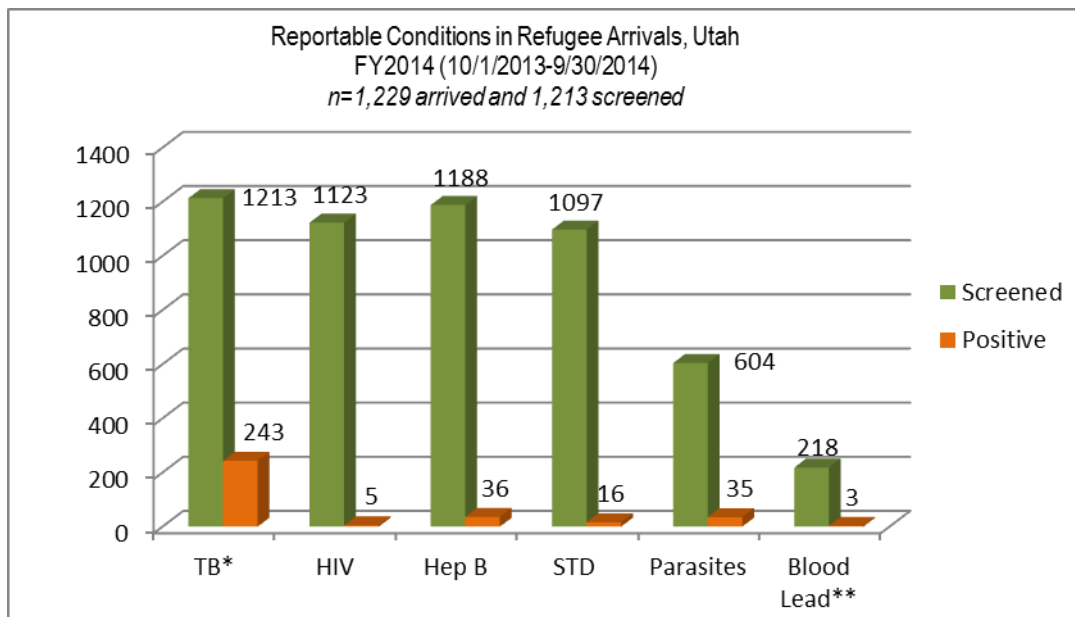
<sup>12</sup> <http://www.cdc.gov/immigrantrefugeehealth/exams/ti/panel/vaccination-panel-technical-instructions.html>

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\* Not positive for active TB disease

\*\*Children ≤ 6 years old tested, positive = ≥ 10 mg/dL



\* Not positive for active TB disease

\*\*Children ≤ 6 years old tested, positive = ≥ 10 mg/dL

## Tuberculosis and Latent TB Infection

### Class B TB

United States' immigration law requires an overseas medical examination of all immigrants and refugees for TB and a chest x-ray is required for applicants older than 15. Individuals with abnormal chest x-rays (CXR) suggestive of clinically active TB or who are otherwise suspected of having active TB, have sputum smear examinations to determine if they have infectious TB disease. Refugees identified with ATBD are started on treatment prior to departure for the United States; once the refugee is no longer contagious, resettlement can occur.

Class B TB conditions indicate the need for the refugee to follow up upon arrival to the United States. The UDOH TB Control Program considers individuals with Class B TB conditions to be at high-risk for ATBD until an evaluation is complete. The LHD has 45 days to locate and evaluate Class B refugees.

### Procedure

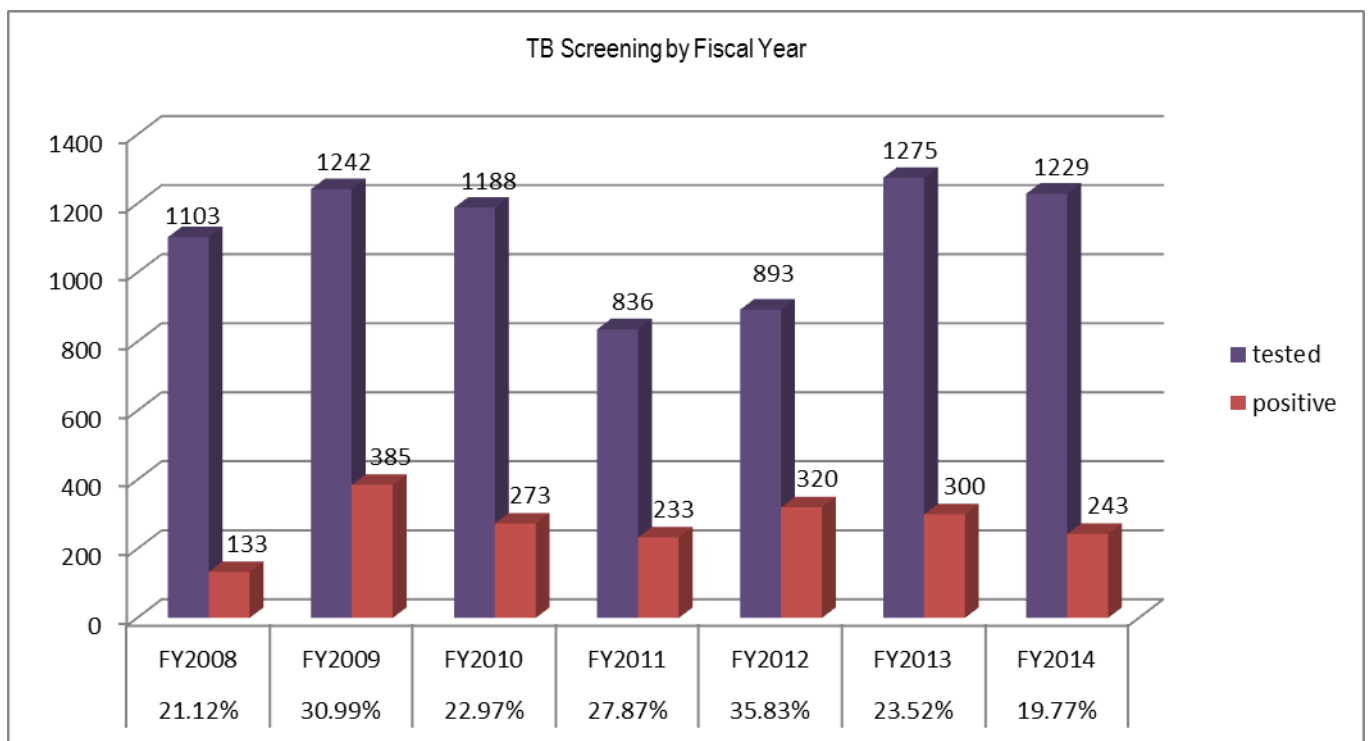
- a). The UDOH TB Control Program receives a "Notice of Arrival of Alien with TB" from the CDC's Electronic Disease Notification (EDN) on newly-arriving individuals identified with a Class B1 or B2 TB. If the resettlement agencies are aware of individuals identified with Class B1 or B2, pre-arrival, they are to notify the UDOH TB Control Program, which will track and monitor the arrival of these individuals.
- b). The UDOH B Control Program forwards the Class B TB report, either from the CDC or resettlement agency, to the appropriate LHD for follow up. If the new arrival is a refugee, the Utah Refugee Health Program is also notified and the Program will assist in coordinating services if needed.
- c). The LHD completes an evaluation for TB. If the refugee has ATBD, the UDOH TB Control Program is notified and appropriate treatment begins. If the refugee has LTBI, treatment is offered and highly recommended, but not required.

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- d). The Class B TB evaluation form is completed and sent back to the UDOH TB Control Program.
- e). The UDOH TB Control Program forwards the completed report to the CDC Division of Quarantine and maintains a copy in the Class B TB refugee files.

### TB Screening

Targeted testing for LTBI is a strategic component of TB control as it identifies people at high-risk for developing TB disease that would benefit from treatment, if detected. Since newly arriving refugees are at high-risk for developing active TB disease treatment of LTBI is strongly recommended. The use of QFT-G was implemented by the Program in 2006 and is the primary means of testing during the Refugee Health Screening as it offers increased specificity and sensitivity.



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## ***LTBI Coordination***

Reducing the likelihood of progression from latent TB to active TB is a main focus of the UDOH TB Control Program. Salt Lake County Health Department (SLCoHD) provides services to control the spread of TB in the Salt Lake Valley. In order to do so, SLCoHD focuses on three main components of TB control: 1) identify and treat TB disease; 2) identify, evaluate and treat newly infected contacts to infectious TB cases; and, 3) screen and treat high-risk populations for TB infection. Since refugees are considered a high-risk population, SLCoHD works closely with resettlement agencies to evaluate, educate and treat refugees identified with LTBI.

### CCS LTBI Coordination:

- Health Education and Orientation Coordinator (CCS) and Public Health Nurse (SLCoHD) coordinate initial intake; CCS arranges for transportation and interpretation.
- Health Education and Orientation Coordinator arranges transportation and interpretation for monthly medication pick up at SLCoHD for the duration of treatment.
- Public Health Nurse monitors treatment and communicates progress to Health Education and Orientation Coordinator.

### IRC LTBI Coordination:

- Health Program Coordinator (IRC) and Public Health Nurse (SLCoHD) coordinate initial intake; IRC arranges for transportation and interpretation.
- Bi-monthly medication pick up appointments are held at IRC every other Monday from 1-3 p.m. A Public Health Nurse is available for any client scheduled to pick up medication refills; IRC provides interpretation and arranges for transportation, if needed.
- Coordinate medication pick up for clients unable to attend bi-monthly pick up.
- Conduct bi-annual LTBI training for medical interpreters.



# Utah Refugee Health Program Manual

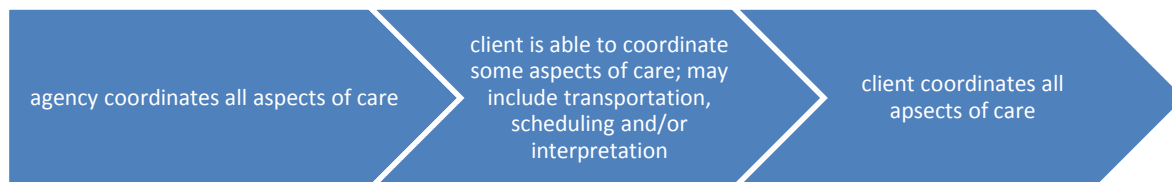
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## Care and Coordination

Results from the Refugee Health Screening are shared with the Program, which then ensures appropriate follow up care and coordination is provided by the resettlement agencies. The expectation of the Program is that each refugee will be assigned to a Primary Care Provider (PCP) and receive timely follow up care (within 30 days of completing the Health Screening). Resettlement agencies are strongly encouraged to establish care with the initial health screening provider, thus improving the continuity of care. Care and coordination is facilitated by the resettlement agencies, as needed, for primary care, specialty care and other health related services.

Program staff at the resettlement agencies work closely with both clients and medical providers to ensure that care is timely and appropriate. Both IRC and CCS emphasize self-sufficiency; clients are encouraged to take an active role in their health care and use their individual strengths to facilitate access to care.

### Health Self-Sufficiency Spectrum



CCS provides care and coordination services, as needed or as requested, for the first year that a refugee is in Utah. After the first year, care and coordination is transferred to RIC-AAU where services are coordinated by the case manager for an additional 12 months. RIC-AAU typically provides health services for the first two years in the United States for secondary migration cases; individuals with special medical needs may receive services past the initial two years. IRC provides care and coordination for the first two years; however the goal is that the majority of clients will reach health self-sufficiency at the conclusion of the first year. At two years, IRC clients graduate and are not officially transferred to another organization. Starting in FY2016 (October 2015) the majority of health related services, provided by CCS, IRC and RIC-AAU, will be limited to coordinating the initial health screening and subsequent follow up; long-term coordination will no longer be supported by UDOH funds.

# Utah Refugee Health Program Manual

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## ***CCS Health Services Program***

**Mission:** To address client's health expectations through quality care, innovative services and working as a team.

**Services:** Provides on-going medical care and coordination, conducts health education and facilitates community integration during the first eight months in Utah.

### **Staff:**

- **Refugee Resettlement Director:** Aden Batar
- **Operations Manager:** Randy Chappell
- **Medical Services Supervisor:** Lhaksam Choedon  
Coordinate, oversee and manage the Health Services for Resettlement Program, including the supervision of the Medical Health Screening Coordinator, Medical Interpreter Coordinator, Medical Health Educator Coordinator and Mental Health Screening Referral Coordinator. Work with government agencies and service providers. Manage all record keeping aspects of Health Services. Assist with case file audit and compliance. Provide ongoing Bridging the Gap medical interpreter training for newly hired case managers and interpreters
- **Medical Health Screening Coordinator:** Mariza Chacon  
Coordinate the initial Health Screenings with four different providers for all newly arrived refugees; coordinate the initial medical appointments to the PCP. Coordinate and manage all the medical reportable conditions directly with UDOH. Manage all Health Screening records; help case manager with the completion of clients' file.
- **Health Education and Orientation Coordinator:** Katie Dahlgren  
Coordinate WIC services; training and distribution of car seats; provide health care navigation orientation and training; implement and evaluate health education and orientation services through a series of lessons including emergency preparedness (emergency bag distribution), B12 deficiency education and oral hygiene.
- **Medical Interpreter Coordinator:** Kristina Olivas  
Oversee, manage, hire and supervise Medical Interpreters. Manage and process all medical billings in coordination with the health plan providers.
- **Mental Health Screening and Referral Coordinator:** Justin Williams  
Coordinate, oversee and manage mental health services for the Refugee Resettlement program. Conduct mental health orientation for new arrivals; review the mental health assessments performed during the initial health screening; and conduct a new assessment for clients aged 14 and older in the third and sixth month after arrival. Refer clients to and schedule clients with the appropriate mental health provider; educate and train medical interpreters about mental health services; and, manage all record-keeping aspects of mental health services.

# Utah Refugee Health Program Manual

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## ***RIC-AAU Medical Interpreting and Translation Services Program***

**Mission:** Improve the quality of life of refugees and other immigrants. Provide culturally-sensitive and language specific social services that include education, employment services, advocacy, mental health treatment, domestic violence counseling, substance abuse treatment for adults and youth, parenting classes, English classes, after-school tutoring and activities, and case management.

**Services:** Provides care and coordination for clients accessing case management services. Also provide medical, educational, occupational, and court interpretive and/or translation services.

**Staff:**

- **Department Director:** Lina Smith
- **Social Service Program Supervisor:** Annette Harris
- **Social Service Program Supervisor:** Nyuol Nyuol
- **Interpreting Program Supervisor:** Laura Vasquez

## ***IRC Health Program***

**Mission:** IRC-SLC Health Programs promote physical and psychological well-being by ensuring access to health care services and providing culturally appropriate, strength-based, educational programming.

**Services and Staff:**

- **Executive Director:** Patrick Poulin
- **Health Program Manager:** Ashley Nguyen

**Health Access & Education Program:** Brook Virgen, Lorena Badran and Farah Al Hamdani

- Ensure all clients receive a comprehensive health screening which includes a physical examination, immunizations and a brief mental health assessment.
- Ensure all clients have a medical home and a primary care provider.
- Facilitate all follow up care and referrals.
- Provide quality interpretation services for medical and community appointments.
- Coordinate dental appointments during the 90-day coverage period.
- Facilitate preventive treatment for latent tuberculosis infection.
- Conduct annual Bridging the Gap medical interpreter training.

**Maternal and Child Health Program:** Jill Nutting

- Ensure all pregnant women receive pre-natal and postpartum care.
- Facilitate monthly centering program in partnership with Redwood Health Center to provide group support and education alongside prenatal appointments.
- Facilitate WIC Program enrollment and orientation for all eligible women and children.
- Provide eligible clients with car seats and education around the correct usage.
- Coordinate in home Children's health classes.

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## **Health and Wellness Outreach Program:** Yukiko Stephan

- Hold Health Promotion Workshops including: Navigating the Healthcare System, Clinic Tours, Self-care and more.
- Organize and host annual "United in Health" refugee health fair.

## **Nutrition and Food Security:** Emma Thatcher

- Ensure all newly arrived refugees receive basic nutrition education.
- Provide one-on-one nutrition education to individuals who have been identified at risk and/or in need of further support and education.
- Provide group education addressing diet-related conditions such as diabetes, B12 and hypertension.

## **Special Needs Case Management:** Tara Acharya

- Provides intensive medical case management to a smaller caseload identified with having special health needs.
- Services include: health care services; assisting in coordination with DWS, SSI, and ESL; providing education; and connecting clients with community resources.

## **Mental Health Screening & Referral:** Jenny Lange

- Facilitate mental health referrals made through initial health screening.
- Implement RHS-15 screenings at three and six months and facilitate referrals as needed.
- Educate clients about mental health and available resources.
- Serve as liaison with mental health providers.

# Utah Refugee Health Program Manual

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## Mental Health

Clients identified during the Refugee Health Screening as requiring follow up mental health care are referred to the appropriate agency. Currently there are two primary agencies providing mental health services to the refugee community.

Utah Health and Human Rights	Refugee & Immigrant Center at Asian Association of Utah
Utah Health and Human Rights (UHHR) is a nonprofit organization that provides highly-specialized and culturally competent mental health, medical, psychiatric, case management, and legal services to men, women, and children who have endured severe human rights abuses. UHHR helps refugees, immigrants, asylum seekers, and asylees heal from the physical and psychological impacts of torture and rebuild their lives. Evidence-based and holistic services promote health, dignity, and self-sufficiency and are guided by profound respect for the dignity and resiliency of clients. UHHR is a member of the National Consortium of Torture Treatment Programs.	The Refugee and Immigrant Center at Asian Association of Utah (AAU-RIC) provides comprehensive outpatient services including, but not limited to, mental health counseling, medication management, family counseling, and domestic violence and substance abuse treatment. AAU-RIC strives to improve the quality of life for refugees and immigrants. AAU-RIC is an interdisciplinary team of culturally competent professionals that include an Advance Practice Registered Nurse (APRN), psychologist, family services coordinators, Licensed Clinical Social Workers, Clinical Social Workers, and case managers who all have experience working with refugee and immigrant populations.
<b>Services include:</b>  Mental health services to refugees, immigrants, asylees, and asylum seekers who have survived severe human rights abuses.  Interpretive services.  Training and consultation to community members and professionals statewide.	<b>Services Include:</b>  Mental health services to refugees and immigrants in Salt Lake County.  Interpretive services.

The RHS-15 is used to assess the mental health needs of newly arrived refugees. The RHS-15 (Appendix C) was designed as a simple tool that can be used during the initial health screening and/or in the primary care setting. The 15 questions address symptoms associated with depression, anxiety, trauma and overall well-being; the tool has been translated and validated in a number of refugee languages.

## Utah Refugee Health Program Manual

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Refugees scoring  $\geq 12$  on questions one through fourteen or  $\geq 5$  on the distress thermometer are identified as someone who may benefit from mental health services; an official referral is made for those individuals willing to accept mental health services. Referrals are coordinated through the Utah Refugee Health Program; the Refugee Health Specialist will notify the resettlement agency and mental health service provider of the referral, providing as much information as possible from the health screening. The mental health provider and resettlement agency then coordinate an intake date and time, transportation and interpretation, as needed.

All follow up services are coordinated by the resettlement agency and service provider. Currently both IRC and CCS employ Mental Health Coordinators who have the responsibility of coordinating all initial mental health referrals and follow up appointments, while serving as a liaison between the resettlement agency and service providers. Additionally, both agencies administer the RHS-15 at specific intervals during the resettlement process, to specific groups of refugees, with the hope of identifying refugees in need of mental health services earlier on in the resettlement process. In FY2014, 168 newly arrived refugees were identified and recommended for mental health services through the initial health screening.

In FY2014 the Refugee Mental Health Subcommittee (RMHSC) decided to focus on needs and available services for children with regard to mental health. In doing so the RMHSC identified gaps in the screening and referral process for newly arrived refugee children as the standardized screening tool, RHS-15, is only valid with individuals aged 14 and older. In order to enhance initial mental health screening and referral efforts among newly arrived children the Refugee Health Program, in partnership with the University of Utah College of Nursing, plans to conduct pilot screenings using the Strengths and Difficulties Questionnaire (SDQ). The screenings will occur during the initial health screening and participants will be randomly selected children age 13 or younger. The Refugee Health Program anticipates findings regarding the appropriateness of the SDQ to be available by early 2015.

# Utah Refugee Health Program Manual

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## Refugee Dental Program

As a result of funding restraints the Refugee Dental Program will end on February 28, 2015. Pregnant women and children along with adults meeting the criteria for emergency dental will be able to access dental treatment through Medicaid. For questions regarding Medicaid covered dental services please contact Medicaid Customer Service at 1-801-538-6155 or visit the Medicaid website: <http://www.health.utah.gov/medicaid/>.

## Pandemic Flu and Emergency Preparedness

ORR has determined the refugee populations, particularly the new refugee arrivals, are at extreme risk of experiencing disease and death in the event of a major disease outbreak such as pandemic influenza. Disparities in information dissemination are aggravated by a lack of English language skills on the part of newly arrived refugees, cultural differences and the lack of health education in refugee languages. In addition, refugees may not be aware of emergency plans that protect against illness and death in the event of a pandemic influenza or other disease outbreak. In order to ensure these disparities are addressed, the refugee population is provided with health and safety precautions and emergency information in a linguistically and culturally appropriate manner. Pandemic planning for the refugee communities is required by ORR and is now a required part of the current Utah Refugee Resettlement State Plan as of May 31, 2006.

### Objectives:

- Ensure refugee communities are included in emergency planning activities.
- Develop audio and written materials in refugee languages.
- Assist those agencies working with refugees in preparing for a disease outbreak such as pandemic influenza by providing trained personnel to assist refugee resettlement agencies in delivering appropriate information.
- Develop and disseminate preparedness materials in languages and medium most needed by refugee communities in Utah.
- Provide emergency preparedness education and 72-Hour Kits to newly arrived refugees.

For additional information please contact Rich Foster at the Public Health Emergency Preparedness and Response Program, 801-273-6607 or [rfoster@utah.gov](mailto:rfoster@utah.gov).

## Language Access

### Title VI

The Utah Department of Health Office of Health Disparities has a number of resources to assist in understanding and implementing the National Culturally and Linguistically Appropriate Services Standards; also known as CLAS Standards. The resources, which include an educational video and discussion guide, implementation toolkit and interpretation toolkit, can be accessed at the following website: <http://www.health.utah.gov/disparities/training/CLAS.html>.

### Bridging the Gap Medical Interpreter Training

Effective communication between newly arriving refugees and their health care providers is heavily dependent upon translation and interpretation services, along with increased cultural competence among Utah health service providers. In order to improve the quality of communication between refugees and providers, the Utah Refugee Health Program in partnership with the Utah Communicable Disease Prevention Program provides a 40-hour basic/intermediate training course titled Bridging the Gap, which he covers:

- Basic interpreting skills: role, ethics, conduit and clarifier interpreting, intervening, managing the flow of the session;
- Information on health care: introduction to the health care system, how doctors think, anatomy, basic medical procedures;
- Culture in interpreting: self-awareness, basic characteristics of specific cultures, traditional health care in specific communities, culture-brokering; and,
- Communication skills for advocacy: listening skills, communication styles, appropriate advocacy.

In addition to being fluent in English, all participants must be fluent in a second language and must be willing to act as a medical interpreter. Priority is given to applicants who work within the non-profit sector, specifically refugee health, TB control, HIV and STD prevention settings. All participants who attend the entire 40-hour training and successfully pass the final exam will receive a certificate of completion. There is no registration fee to attend this course and all course material is provided free-of-charge. Participants are expected to attend the course in its entirety. Trainings are typically held in the spring and fall.



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CCS and IRC are also licensed to provide the Bridging the Gap training course; however participation is limited to staff, interns and volunteers associated with the agencies.

For more information regarding “Bridging the Gap” training please contact Cross Cultural Health Care Program (CCHCP):

CCHCP

4700 42<sup>nd</sup> Ave SW Suite 580

Seattle, WA 98116

206-860-0329

[bridgingthegap@xculture.org](mailto:bridgingthegap@xculture.org)

## Additional Resources

The following is a short list of resources available in the area of medical interpreting/translating:

- NCIHC publishes the National Standards of Practice for Interpreters in Health Care. This document provides a detailed explanation of the background of the code of ethics, as well as a full description of each guiding principle.
- National Standards on Culturally and Linguistically Appropriate Services (CLAS). The CLAS standards are recommendations for cultural competence and language accessibility for health care organizations made by the U.S. Department of Health and Human Services, Office of Minority Health.
- Utah Medicaid, PCN and CHIP interpretive (translation) services during a medical appointment are free for Medicaid clients. For people enrolled in a health maintenance organization (HMO), the HMO is responsible for providing the interpreter; for clients who are not enrolled in an HMO, Utah Medicaid pays for the interpreter. The provider is responsible for arranging for an interpreter; when the provider calls, the agency needs to know the client's Medicaid identification number, the language needed and the date, time and place for the medical appointment. The interpreter may either meet the client at the doctor's office for the appointment or use a telephone conference call. The free translation service is available statewide and also for after-hour care.
- *Telephone Interpreting in Health Care Settings: Some Commonly Asked Questions*. This article, published by the American Translators Association, explains when and where not to use telephone interpretation.

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- Telephone Interpretation Companies:
  - Language Line Services, 1-800-752-6096
  - Propio Language Services, LLC, 1-888-804-2044
  - Institute for Cultural Competency, 1-800-654-6231
  - Pentskiff Interpreting Services, 1-801-484-4089

## Affordable Care Act

With the full implementation of the Affordable Care Act (ACA) more people, including refugees, should have access to affordable health insurance. In an effort to promote enrollment in the health insurance Marketplace the Refugee Health Program partnered with a number of community stakeholders to organize enrollment events. Taking place between November 15, 2014 and February 15, 2015, these events will target already existing services for refugee communities, such as religious, ESL and employment services, with the goal of providing insurance education and enrollment assistance. Specific information regarding these events can be accessed through the Refugee Health Program website:

[http://health.utah.gov/epi/healthypeople/refugee/upcoming\\_events/Refugee%20ACA.pdf](http://health.utah.gov/epi/healthypeople/refugee/upcoming_events/Refugee%20ACA.pdf).

Additionally, ORR has a number of resources specific to refugees and insurance coverage which can be accessed at <http://www.acf.hhs.gov/programs/orr/health>.

## Outreach and Education

### ORR Health Promotion Grant

In November 2014, the Program was awarded a three year Refugee Health Promotion Grant from ORR, which is “designed to streamline health promotion activities into refugee resettlement processes from arrival to self-sufficiency, as well as coordinate and support community-based outreach, education and orientation around health and mental health services.”<sup>13</sup> The Program sub-contracts with CCS and IRC to provide grant funded services. Each agency employs a Health Education and Orientation Coordinator who has the responsibility of providing ongoing medical interpreter training; providing health navigation orientation and training; and implementing and evaluating education and orientation services.

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<sup>13</sup> ORR Health Promotion Funding Opportunity Announcement, May 27, 2014

# Utah Refugee Health Program Manual

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## Special Projects

The Program facilitates health education and outreach in a variety of ways. Current projects and ongoing efforts include:

- Distributing a quarterly newsletter to refugee health stakeholders and a monthly newsletter to refugee community organizations
- Education about and enrollment in insurance available under the Affordable Care Act (ACA) to refugee communities
- Offering education and technical assistance as needed or requested by refugee health stakeholders and refugee community leaders
- Producing refugee health related reports and documents using information collected at the RHP
- Translation of health-related documents from English to other languages commonly spoken by refugees in Utah.
- Participation in refugee health-related community meetings and workgroups.

## Incentives

### Emergency Taxi Vouchers:

#### Who is eligible and when may vouchers be used:

- Taxi vouchers are for refugees eligible for services administered by the Utah Refugee Health Program.
- Taxi vouchers are intended for use by patients when other forms of transportation are not available for program-approved health appointments.
- Vouchers are for approved appointments scheduled Monday-Friday between the hours of 8:00 a.m. and 5:00 p.m.

#### Program approved appointments and maximum usage:

- Vouchers are non-transferrable.
- Program-approved appointments include the following: Health Screening, Dental Health Screenings, chest x-rays and other pre-approved health services.
- Unless otherwise requested by agency and pre-authorized by UDOH, there is a maximum of six (6) round-trips per year, per client.
- Each voucher will be valid for travel to and from appointments only; additional stops or waiting time is not covered.
- The maximum pre-approved amount of any redeemed voucher without additional pre-approval from UDOH is \$30.00.

#### Accountability:

- Each agency will designate one person (issuer) who is authorized to distribute vouchers. When clients are scheduled for taxi services, this designated person will be available by phone.
- Agencies will track usage on a spreadsheet indicating the following: voucher number (preprinted by UDOH), name of refugee, Alien ID, date of refugee's arrival, date of taxi service, taxi service to (destination) and from (pick up location), estimated cost of taxi ride and name of person at agency issuing vouchers.
- Agencies will keep two different accountability sheets: One for refugees 0-6 months from arrival and the other for refugees 6 months to 5 years from arrival.

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## Gift Certificates

The Program has a limited number of Smith's Gift Certificates that may be used to incentivize or reward healthy behavior and/or choices such as attendance at health education classes. Each gift certificate has a \$10.00 value and may not be exchanged for cash, tobacco or alcohol. If agencies wish to utilize gift certificates, they may send a request to the Utah Refugee Health Program Manager outlining how gift certificates will be used and how many they would like. Gift certificates will be distributed to agencies along with an accountability log. The log will be completed by the agency to demonstrate how certificates were used. The completed log will be returned to the program before more certificates are issued.

## Dental Hygiene Items

Dental hygiene items, including adult and child toothbrushes, floss and toothpaste are available through the Utah Refugee Health Program for educational classes. Requests for dental hygiene materials should be made through the program manager.

## Questions

Questions regarding incentives should be directed to Joan Parker at the Utah Refugee Health Program (801-538-6224 or [joanparker@utah.gov](mailto:joanparker@utah.gov)).

## Cultural Profiles

A basic understanding of the various refugee populations is essential to providing quality and appropriate services. The following organizations provide helpful cultural profiles and backgrounders.

- Center for Applied Linguistics (CAL) hosts the Cultural Orientation Resource Center, which provides cultural backgrounders on the following refugee populations:
  - Afghans
  - Bhutanese
  - Bosnian
  - Burmese
  - Congolese from Democratic Republic of Congo
  - Eritreans
  - Iraqi
  - Karen
  - Rohingya
  - Somali
  - Somali Bantu
  - Sudanese
  - Syrian

[www.culturalorientation.net](http://www.culturalorientation.net)
- Ethnomed is a site supported by Harborview Medical center and contains medical and cultural information about immigrant and refugee groups, including:
  - Bhutanese
  - Chin
  - Eritreans
  - Ethiopians
  - Iraqi
  - Karen
  - Somali
  - Somali Bantu

[www.ethnomed.org](http://www.ethnomed.org)
- The CDC recently developed refugee profiles that discuss priority health conditions, background, population movement, health care and diet in refugee camps, medical screening of U.S. bound refugees and health information.

[www.cdc.gov/immigrantrefugeehealth/](http://www.cdc.gov/immigrantrefugeehealth/)

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## Resources

- **Utah Department of Health: Refugee Health Program**  
288 N 1460 W  
PO Box 142104 SLC UT 84114  
Phone: 801-538-6191  
Fax: 801-538-9913  
Website: [http://health.utah.gov/cdc/tbrefugee/refugee\\_staff.htm](http://health.utah.gov/cdc/tbrefugee/refugee_staff.htm)
- **Catholic Community Services (CCS)**  
745 E 300 S SLC UT 84102  
Phone: (801) 977-9119  
Fax: (801) 977-8227  
Website: [www.ccsutah.org/programs/immigration-and-refugee-resettlement](http://www.ccsutah.org/programs/immigration-and-refugee-resettlement)
- **International Rescue Committee (IRC)**  
221 S 400 W  
PO Box 3988 SLC UT 84110  
Phone: (801) 328-1091  
Fax: (801) 328-1094  
Website: <http://www.rescue.org/us-program/us-salt-lake-city-ut>
- **Refugee & Immigrant Center: Asian Association of Utah (RIC-AAU)**  
155 S 300 W SLC UT 84101  
Phone: (801) 467-6060  
Fax: (801) 486-3007  
Website: <http://www.aau-slc.org/>
- **Utah Refugee Service Office**  
140 E 300 S, SLC UT  
Phone: (801)-526-9483  
Website: [www.refugee.utah.gov](http://www.refugee.utah.gov)
- **Office of Refugee Resettlement (ORR)**  
<http://www.acf.hhs.gov/programs/orr/>
- **Refugee Health TA Center (RHTAC)**  
<http://www.refugeehealthta.org/about-us/>
- **CDC Immigrant & Refugee Health**  
<http://www.cdc.gov/immigrantrefugeehealth/>
- **United Nations High Commissioners for Refugees (UNHCR)**  
<http://www.unhcr.org>
- **International Organization for Migration**  
[www.iom.int](http://www.iom.int)
- **Health Reach**  
<http://healthreach.nlm.nih.gov/>

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- EthnoMed  
[www.ethnomed.org](http://www.ethnomed.org)
- Center for Applied Linguistics (CAL)  
[www.cal.org](http://www.cal.org)
- Refugee Council USA  
[www.rcusa.org](http://www.rcusa.org)
- National Council On Interpreting in Health Care  
<http://www.ncihc.org/>
- Minnesota Department of Health: Refugee Health  
<http://www.health.state.mn.us/divs/idepc/refugee/>
- Office for Civil Rights  
<http://www.hhs.gov/ocr/office/index.html>
- Project for Strengthening Organizations Serving Refugees (SOAR)  
[www.ethniccommunities.org](http://www.ethniccommunities.org)
- US Committee for Refugees and Immigrants (USCRI)  
[www.refugees.org](http://www.refugees.org)
- Cross Cultural Health Care Program  
<http://xculture.org/>
- CDC Division of Global Migration and Quarantine  
<http://www.cdc.gov/ncezid/dgmg/>
- Healthy Roads Media  
[www.healthyroadsmedia.org](http://www.healthyroadsmedia.org)
- Department of State: Refugee Admissions  
<http://www.state.gov/j/prm/ra/index.htm>
- MMWR: General Recommendations on Immunizations  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm>
- CDC Immunization Schedule(s)  
<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html#schedule>
- SLCOHD: Free and Low Cost Medical Resources  
<http://www.slcohealth.org/html/medicalresources.html>
- MMWR: Guidelines for Using the QuantiFERON-TB Gold  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a4.htm>
- A Guide to the Classification of Mantoux Tuberculin Skin Test (TST)  
<http://www.health.utah.gov/cdc/tbrefugee/resources/classificationguide2003-3.pdf>
- North American Refugee Health Conference  
<http://www.northamericanrefugeehealth.com/>
- Heartland Alliance: Rainbow Welcome Initiative  
<http://www.rainbowwelcome.org/>



# **APPENDIX A-Overseas Medical Form**



U.S. Department of State  
**MEDICAL EXAMINATION FOR  
IMMIGRANT OR REFUGEE APPLICANT**  
For use with TB Technical Instructions 2007 and the DS-3030

OMB No. 1405-0113  
EXPIRATION DATE: 08/31/2014  
ESTIMATED BURDEN: 10 minutes  
(See Page 2 - Back of Form)

Photo

Name (Last, First, MI.) \_\_\_\_\_, \_\_\_\_\_  
Birth Date (mm-dd-yyyy) \_\_\_\_\_ Sex: ☐ M ☐ F  
Birthplace (City/Country) \_\_\_\_\_ / \_\_\_\_\_  
Present Country of Residence \_\_\_\_\_ Prior Country \_\_\_\_\_  
U.S. Consul (City/Country) \_\_\_\_\_ / \_\_\_\_\_  
Passport Number \_\_\_\_\_ Alien (Case) Number \_\_\_\_\_

Date of Medical Exam (Date of TB physical exam or date of lab report of final TB culture results, if cultures performed) (mm-dd-yyyy) \_\_\_\_\_

Date Exam Expires (3 months if Class A TB, or Class B1 TB, otherwise 6 months) (mm-dd-yyyy) \_\_\_\_\_

Date (mm-dd-yyyy) of Prior Exam, if any \_\_\_\_\_ Exam Place (City/Country) \_\_\_\_\_ / \_\_\_\_\_

Panel Physician \_\_\_\_\_ Radiology Services \_\_\_\_\_

Screening Site \_\_\_\_\_ Lab (Name for syphilis/TB) \_\_\_\_\_ / \_\_\_\_\_

**(1) Classification (Check all boxes that apply):**

☐ **No apparent defect, disease, or disability** (See Worksheets DS-3025, DS-3026, and DS-3030)

☐ **Class A Conditions (From Past Medical History and Physical Examination Worksheets)**

- |   |   |
|---|---|
| <input type="checkbox"/> TB, active, infectious (Class A, from Chest X-Ray Worksheet) | <input type="checkbox"/> Hansen's disease, untreated multibacillary   |
| <input type="checkbox"/> Syphilis, untreated  | <input type="checkbox"/> Addiction or abuse of specific* substance  |
| <input type="checkbox"/> Chancroid, untreated   | <input type="checkbox"/> Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur |
| <input type="checkbox"/> Gonorrhea, untreated   | *amphetamines, cannabis, cocaine, hallucinogens, opioids, phencyclidines, sedative-hypnotics, and anxiolytics   |
| <input type="checkbox"/> Granuloma inguinale, untreated                               |   |
| <input type="checkbox"/> Lymphogranuloma venereum, untreated                          |   |

☐ **Class B Conditions (From Past Medical History and Physical Examination Worksheets)**

- |  |   |
|--|---|
| <input type="checkbox"/> Syphilis (with residual defect), treated within the last year   | <input type="checkbox"/> Hansen's disease, treated multibacillary<br>Treatment: <input type="checkbox"/> Partial <input type="checkbox"/> Completed                       |
| <input type="checkbox"/> Current pregnancy, number of weeks pregnant _____   | <input type="checkbox"/> Hansen's disease, paucibacillary<br>Treatment: <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Completed |
| <input type="checkbox"/> Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur | <input type="checkbox"/> Sustained, full remission of addiction or abuse of specific* substances  |
| *amphetamines, cannabis, cocaine, hallucinogens, opioids, phencyclidines, sedative-hypnotics, and anxiolytics  |   |

☐ **Class B1 TB, Pulmonary**

- |   |   |
|---|---|
| <input type="checkbox"/> No treatment   |   |
| <input type="checkbox"/> Completed treatment (Check all that apply and attach all laboratory and DOT documents) |   |
| <input type="checkbox"/> By panel physician   | <input type="checkbox"/> By non-panel physician   |
| <input type="checkbox"/> Initial smear positive   | <input type="checkbox"/> Initial culture positive   |
| <input type="checkbox"/> Pre-treatment culture and DST results performed/available                              | <input type="checkbox"/> Pre-treatment culture and/or DST results not performed/available |

☐ **Class B1 TB, Extrapulmonary**

Anatomic Site of Disease \_\_\_\_\_

- ☐ No treatment  
☐ Current treatment  
☐ Completed treatment

☐ **Class B2 TB, LTBI Evaluation**

- ☐ Test for TB infection positive: ☐ TST \_\_\_\_\_ mm; ☐ IGRA positive Result \_\_\_\_\_ ☐ TST or IGRA Conversion
- ☐ No LTBI treatment
- ☐ Current LTBI treatment (Indicate medications in Part 4 of DS-2054 form)
- ☐ Completed LTBI treatment (Indicate medications in Part 4 of DS-2054 form)

**Class B Tuberculosis - Continued**☐ **Class B3 TB, Contact Evaluation**☐ TST \_\_\_\_\_ mm      ☐ IGRA negative      ☐ IGRA positive      IGRA Result \_\_\_\_\_☐ No preventive treatment☐ Current preventive treatment (*Indicate medications in Part 4 of DS-2054 form*)☐ Completed preventive treatment (*Indicate medications in Part 4 of DS-2054 form*)

Source Case: Name \_\_\_\_\_

Alien Number \_\_\_\_\_

Relationship to Contact \_\_\_\_\_

Date Contact Ended (*mm-dd-yyyy*) \_\_\_\_\_Type of Source Case TB (*Mark only one and ATTACH DST RESULTS*)☐ Pansusceptible TB☐ MDR TB (*resistant to at least INH and rifampin*)☐ Drug-resistant TB other than MDR TB☐ Culture negative☐ Culture results not available☐ **Class B Other** (*specify or give details on checked conditions from worksheets*) \_\_\_\_\_**(2) Laboratory Findings** (*check all boxes that apply*):Syphilis: ☐ **Not done**

	Test Name	Date(s) Run ( <i>mm-dd-yyyy</i> )	Negative	Positive	Titer 1	Notes
Screening						
Confirmatory						

Treated	If treated, therapy:	Date(s) treatment given ( <i>mm-dd-yyyy</i> ) ( <i>3 doses for penicillin</i> )
<input type="checkbox"/> Yes	<input type="checkbox"/> Benzathine penicillin, 2.4 MU IM	
<input type="checkbox"/> No	<input type="checkbox"/> Other ( <i>therapy, dose</i> ): _____	

**Test for Cell-Mediated Immunity to TB** (*Required for all applicants 2 through 14 years of age; perform one type only*)☐ TSTDate Applied (*mm-dd-yyyy*) \_\_\_\_\_ Result (*mm*) \_\_\_\_\_☐ IGRAName of IGRA Test \_\_\_\_\_ Date Drawn (*mm-dd-yyyy*) \_\_\_\_\_Nil Value (IU/ml or number of cells) \_\_\_\_\_ TB Response (*TB- nil IU/ml or number of cells\**) \_\_\_\_\_IGRA Interpretation: ☐ Positive      ☐ Negative      ☐ Indeterminate, Borderline, or Equivocal

\* For T-Spot, TB Response number of cells = Higher of Panel A or Panel B minus nil value

**(3) Immunizations** (*See Vaccination Form, check all boxes that apply*) **Not required for refugee applicants.**☐ Vaccine history complete☐ Vaccine history incomplete, requesting waiver (*indicate type below*)☐ Incomplete vaccine history, no waiver requested☐ Blanket waiver☐ Individual waiver

I certify that I understand the purpose of the medical examination and I authorize the required tests to be completed.

\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Panel Physician Signature\_\_\_\_\_  
Date (*mm-dd-yyyy*)

#### (4) Tuberculosis Treatment Regimen

(Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark "unknown".)

☐ Check if therapy currently prescribed (if current, don't mark "End Date")

<u>Medication</u>	<u>Dose/Interval</u> <u>(e.g., mg/day)</u>	<u>Start Date</u> <u>(mm-dd-yyyy)</u>	<u>End Date</u> <u>(mm-dd-yyyy)</u>
<input type="checkbox"/> Isoniazid (INH)	_____	_____	_____
<input type="checkbox"/> Rifampin	_____	_____	_____
<input type="checkbox"/> Pyrazinamide	_____	_____	_____
<input type="checkbox"/> Ethambutol	_____	_____	_____
<input type="checkbox"/> Streptomycin	_____	_____	_____
<input type="checkbox"/> Other, specify	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's pre-treatment weight (kg) \_\_\_\_\_

Date (mm-dd-yyyy) \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS

##### PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

##### CONFIDENTIALITY STATEMENT

**AUTHORITIES** The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

**PURPOSE** The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

**ROUTINE USES** If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.

**CHEST X-RAY AND CLASSIFICATION WORKSHEET**

For use with TB TI 2007 and the DS-2054

Complete Sections 1 through 5, As Applicable

OMB No. 1405-0113

EXPIRATION DATE: 08/31/2014

ESTIMATED BURDEN: 10 MINUTES

(See Page 2 - Back of Form)

Name (Last, First, MI)		Age																																
Birth Date (mm-dd-yyyy)	Passport Number	Alien (Case) Number																																
<b>1. Chest X-Ray Indication</b> (Mark all that apply) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Age <math>\geq</math> 15 years <input type="checkbox"/> Signs or symptoms of tuberculosis <input type="checkbox"/> HIV infection</div><div>Test for TB infection: <input type="checkbox"/> TST <math>\geq</math> 10 mm <input type="checkbox"/> IGRA Positive <input type="checkbox"/> Contact: TST <math>\geq</math> 5 mm</div></div>																																		
<b>2. Chest X-Ray Findings</b> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Normal Findings <input type="checkbox"/> Abnormal Findings (Indicate category and finding, checking all that apply in the table below.)</div><div>Date Chest X-Ray Taken (mm-dd-yyyy) _____</div></div>																																		
<input type="checkbox"/> <b>Can Suggest Tuberculosis</b> (Need Smears and Cultures)		<input type="checkbox"/> <b>Other X-Ray Findings</b>																																
<input type="checkbox"/> Infiltrate or consolidation <input type="checkbox"/> Any cavitary lesion <input type="checkbox"/> Nodule or mass with poorly defined margins (such as tuberculoma) <input type="checkbox"/> Pleural effusion* <input type="checkbox"/> Hilar/mediastinal adenopathy with or without atelectasis <input type="checkbox"/> Other (such as miliary findings) <small>* If unclear whether pleural fluid or thickening, perform lateral or decubitus chest radiograph, or targeted ultrasound.</small>	<input type="checkbox"/> Discrete linear opacity (fibrotic scar) <input type="checkbox"/> Discrete nodule(s) without calcification <input type="checkbox"/> Discrete linear opacity (fibrotic scar) with volume loss or retraction <input type="checkbox"/> Other (such as bronchiectasis)	<input type="checkbox"/> Follow-up needed (Mark as Class B Other) <div style="margin-left: 20px;"><input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary, non-TB (e.g., emphysema) <input type="checkbox"/> Other</div> <input type="checkbox"/> No follow-up needed for pleural thickening, diaphragmatic tenting, calcified pulmonary nodule(s), calcified lymph node(s), calcified lymph node(s) with calcified pulmonary nodule(s), or minor musculoskeletal findings.																																
Remarks     <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">Radiologist's Signature _____</div><div style="width: 40%;">Date Interpreted (mm-dd-yyyy) _____</div></div>																																		
<b>3. Sputum Smears and Cultures</b> <div style="margin-left: 20px;"><input type="checkbox"/> No, not indicated - Applicant has no signs or symptoms of TB, no known HIV infection, and: <div style="margin-left: 20px;"><input type="checkbox"/> X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection negative (if performed): this is No Class <input type="checkbox"/> X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection positive (if performed): this is Class B2 TB, LTBI Evaluation</div></div> <div style="margin-left: 20px;"><input type="checkbox"/> Yes, are indicated - Applicant has (Mark all that apply): <div style="margin-left: 20px;"><input type="checkbox"/> Signs or symptoms of TB <input type="checkbox"/> Chest X-ray suggests TB <input type="checkbox"/> HIV infection</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;"><b>Sputum Smear Results</b><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Date Specimen Obtained (mm-dd-yyyy)</th><th>Positive</th><th>Negative</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table></div><div style="width: 45%;"><b>Sputum Culture Results</b><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Date Specimen Obtained (mm-dd-yyyy)</th><th>Positive</th><th>Negative</th><th>NTM*</th><th>Contaminated</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table></div></div> <div style="margin-left: 40%; margin-top: 5px;"><small>* Nontuberculous Mycobacteria</small></div> <div style="margin-left: 20px; margin-top: 10px;"><input type="checkbox"/> Positive Smear or Culture Result, or Clinical Judgment: this is a Class A TB <input type="checkbox"/> Negative Smear and Culture Results and: <div style="margin-left: 20px;"><input type="checkbox"/> Chest X-Ray suggests TB: Class B1 TB, Pulmonary <input type="checkbox"/> HIV infection with normal X-ray and no signs and symptoms of TB: No Class for TB</div></div>			Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative										Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative	NTM*	Contaminated															
Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative																																
Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative	NTM*	Contaminated																														

- ☐ No Class
- ☐ Class A TB
- ☐ Class B1 TB, Pulmonary
- ☐ Class B1, TB, Extrapulmonary
- ☐ Class B2 TB, LTBI Evaluation
- ☐ Class B3 TB, Contact Evaluation
- ☐ Class B Other

[illegible]

ROUTINE USES: If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.



U.S. Department of State  
**MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET**  
For use with DS-2053 or DS-2054

OMB No. 1405-0113  
EXPIRATION DATE: 08/31/2014  
ESTIMATED BURDEN: 35 minutes  
(See Page 2 - Back of Form)

Name (Last, First, MI)		Exam Date (mm-dd-yyyy)
Birth Date (mm-dd-yyyy)	Passport Number	Alien (Case) Number

**1. Past Medical History** (indicate conditions requiring medication or other treatment after resettlement and give details in Remarks)  
NOTE: The following history has been reported, has not been verified by a physician, and should not be deemed medically definitive.

<p><b>No    Yes</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <b>General</b></p> <p>Illness or injury requiring hospitalization (including psychiatric)</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Cardiology</b></p> <p>Heart disease</p> <p>Hypertension (high blood pressure)</p> <p>Cardiac arrhythmia</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Pulmonology</b></p> <p>History of tobacco use Current use <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Asthma</p> <p>Chronic obstructive pulmonary disease (emphysema)</p> <p>History of tuberculosis (TB) disease Treated <input type="checkbox"/> Yes <input type="checkbox"/> No Current TB symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Neurology and Psychiatry</b></p> <p>History of stroke, with current impairment</p> <p>Seizure disorder</p> <p>Major impairment in learning, intelligence, self care, memory, or communication</p> <p>Major mental disorder (including major depression, bipolar disorder, schizophrenia, mental retardation)</p> <p>Use of drugs other than those required for medical reasons</p> <p>Addiction or abuse of specific* substance (drug) *amphetamines, cannabis, cocaine, hallucinogens, opioids, phencyclidines, sedative-hypnotics, and anxiolytics</p> <p>Other substance-related disorders (including alcohol addiction or abuse)</p> <p>Ever taken action to end your life</p>	<p><b>No    Yes</b></p> <p><input type="checkbox"/> <input type="checkbox"/> Ever caused SERIOUS injury to others, caused MAJOR property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Obstetrics and Sexually Transmitted Diseases</b></p> <p>Pregnancy Last menstrual period Date (mm-dd-yyyy) _____</p> <p>Sexually transmitted diseases, specify _____</p> <p><input type="checkbox"/> <input type="checkbox"/> _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Endocrinology and Hematology</b></p> <p>Diabetes mellitus</p> <p>Thyroid disease</p> <p>History of malaria</p> <p><input type="checkbox"/> <input type="checkbox"/> <b>Other</b></p> <p>Malignancy, specify _____</p> <p>Chronic renal disease</p> <p>Chronic hepatitis or other chronic liver disease</p> <p>Hansen's Disease <input type="checkbox"/> Multibacillary <input type="checkbox"/> Paucibacillary Treated <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> Visible disabilities (including loss of arms or legs), specify _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other requiring treatment, specify _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**2. Physical Examination** (indicate findings and give details in Remarks)

☐ No    ☐ Yes    Applicant appears to be providing unreliable or false information, specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Height _____ cm	Weight _____ kg	Visual Acuity at 20 feet: Uncorrected L 20/ _____ R 20/ _____	B _____ / _____ (mmHg)
Heart rate _____ /min	Respiratory rate _____ /min	Corrected L 20/ _____ R 20/ _____	

**\*N, normal; A, abnormal; ND, not done**

<table style="width:100%; border: none;"><tr><td style="width:10%; text-align: center;">N*</td><td style="width:10%; text-align: center;">A*</td><td style="width:10%; text-align: center;">ND*</td><td style="width:80%;"></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>General appearance and nutritional status</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hearing and ears</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Eyes</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Nose, mouth, and throat (include dental)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Heart (S1, S2, murmur, rub)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Breast</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lungs</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Abdomen (including liver, spleen)</td></tr><tr><td></td><td></td><td></td><td>Fundal height _____ cm</td></tr></table>	N*	A*	ND*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General appearance and nutritional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing and ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nose, mouth, and throat (include dental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart (S1, S2, murmur, rub)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen (including liver, spleen)				Fundal height _____ cm	<table style="width:100%; border: none;"><tr><td style="width:10%; text-align: center;">N*</td><td style="width:10%; text-align: center;">A*</td><td style="width:10%; text-align: center;">ND*</td><td style="width:80%;"></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Genitalia (including circumcision, infection(s))</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Inguinal region (including adenopathy)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Extremities (including pulses, edema)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Musculoskeletal system (including gait)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Skin (including hypopigmentation, anesthesia, findings consistent with self-inflicted injury or injections)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Lymph nodes</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Nervous system (including nerve enlargement)</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Mental status (including mood, intelligence, perception, thought processes, and behavior during examination)</td></tr></table>	N*	A*	ND*		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia (including circumcision, infection(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal region (including adenopathy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities (including pulses, edema)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal system (including gait)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin (including hypopigmentation, anesthesia, findings consistent with self-inflicted injury or injections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous system (including nerve enlargement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental status (including mood, intelligence, perception, thought processes, and behavior during examination)
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### 3. Additional Testing Needed Prior to Approving Medical Clearance

No Yes

☐ ☐ Physical examination or laboratory results contradict medical history

☐ ☐ Referral prior to departure If yes, provide results \_\_\_\_\_

☐ ☐ Referral prior to departure If yes, provide results \_\_\_\_\_

### 4. Follow-up Needed After Arrival

☐ No ☐ Yes, within 1 week ☐ Yes, within 1 month ☐ Yes, within 6 months

☐ For continuing medication, list type, dose, and frequency (*Exception: For TB medications, use Part 4 of DS-2053 or DS-2054 form*) \_\_\_\_\_

☐ For continuing other treatment, specify \_\_\_\_\_

### 5. Remarks (*Describe any abnormal history, abnormal findings, and resulting interventions*)

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## **PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS**

### **PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.

### **CONFIDENTIALITY STATEMENT**

**AUTHORITIES** The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

**PURPOSE** The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

**ROUTINE USES** If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.



**VACCINATION DOCUMENTATION WORKSHEET**

For Use with DS-2053 or DS-2054

To Be Completed by Panel Physician Only

Name (Last, First, MI.)					Exam Date (mm-dd-yyyy)		<b>REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS</b> <b>NOT REQUIRED FOR REFUGEE APPLICANTS</b>					
Birth Date (mm-dd-yyyy)		Passport Number			Alien (Case) Number			<b>NOTE FOR PANEL PHYSICIANS:</b> For refugee applicants, please complete only if reliable vaccination documents are available.				
<b>1. Immunization Record</b> Vaccine History Transferred From a Written Record (List Chronologically from Left to Right)					Vaccine Given by Panel Physician (mm-dd-yyyy)	Completed Series (if Completed, Write "VH" if Varicella History, or write Date of Lab Test if Immune)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate, Check Suitable Box(es) Below					
Vaccine	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)			Not Age Appropriate	Insufficient Time Interval	Contra- indicated	Not Routinely Available	Not Fall (Flu) Season	
Specify (check) vaccine: <input type="checkbox"/> DT <input type="checkbox"/> DTP <input type="checkbox"/> DTaP												
Specify (check) vaccine: <input type="checkbox"/> Td <input type="checkbox"/> Tdap												
Specify (check) vaccine: <input type="checkbox"/> Polio -OPV <input type="checkbox"/> IPV												
Specify (check) vaccine: <input type="checkbox"/> MMR (Measles-Mumps- Rubella) <input type="checkbox"/> Rubella												
Specify (check) vaccine: <input type="checkbox"/> Measles												
<input type="checkbox"/> Measles - Rubella												
Specify (check) vaccine: <input type="checkbox"/> Mumps												
<input type="checkbox"/> Mumps - Rubella												
Rotavirus												
Hib												
Hepatitis A												
Hepatitis B												
Meningococcal												
Varicella												
Pneumococcal												
Influenza												
<b>2. Results</b> <input type="checkbox"/> Vaccine History Incomplete <input type="checkbox"/> Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as Indicated Above). <input type="checkbox"/> Applicant will request an individual waiver based on religious or moral convictions. <input type="checkbox"/> Vaccine history complete for each vaccine, all requirements met (Documented Above). <input type="checkbox"/> Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.												
<b>3. Panel Physician (Name)</b> _____						<b>Panel Physician (Signature)</b> _____						
<b>Date (mm-dd-yyyy)</b> _____												

## **PAPERWORK REDUCTION ACT AND CONFIDENTIALITY STATEMENTS**

### **PAPERWORK REDUCTION ACT STATEMENT:**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

### **CONFIDENTIALITY STATEMENT:**

**AUTHORITIES:** The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

**PURPOSE:** The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

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# **APPENDIX B-Utah Refugee Health Screening Form**

## REFUGEE HEALTH SCREENING FORM

Date of Arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_

Screening Clinic: \_\_\_\_\_ Screen Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Alien ID: \_\_\_\_\_ Resettlement Agency: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Arrive From: \_\_\_\_\_ Nativity/Culture: \_\_\_\_\_

## HEALTH ASSESSMENT FINDINGS:

Tuberculosis Test: PPD QFT Date: ____/____/____	Results: ____mm Pos Neg Indeterminate Date: ____/____/____	X-ray Results: Normal Abnormal Date: ____/____/____
---	--	---

HIV 1 & 2 Tested: Y N Results: _____	RPR Tested: Y N Results: _____ FTA: _____	Blood Lead Tested: Y N Results: _____ µg/dl
Hep B (HbSag) Tested: Y N Results: _____	Hep C Tested: Y N Results: _____	B 12 Tested: Y N Results: _____

Parasites Tested: Y N Results: _____	Schistosomiasis Tested: Y N Results: _____	Strongyloides Tested: Y N Results: _____
Treated: Y N	Praziquantel: Y N or Empirical: _____ mg	Ivermectin: Y N Empirical: _____ mg

Visual Acuity: Y N OS _____ OD _____ OU _____	Anemia Screened: Y N Hct: _____ MCV: _____	Diabetes Screened: Y N Results: _____ mg/dl
---	--	---

## IMMUNIZATIONS:

DTaP/TD/Tdap	IPV	HIB	Meningococcal	Hepatitis B	MMR	Varicella	Pneumococcal	Hepatitis A	HPV	Influenza
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____

## MENTAL HEALTH:

Anxiety	Depression	Torture/Violence	Other: _____	RHS-15: Score 1 _____ (≥12 = positive)	Score 2 _____ (≥5 = positive)
MH Referral Accepted: Y N		Referral Agency: AAU UHHR Other _____		MH Intake to be done: <input type="checkbox"/> 5 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 1Month	

## OTHER HEALTH CONDITIONS: check category if PRESENT, circle condition or write in space

<input type="checkbox"/>	Cardiovascular:	HTN	↑ BP without HTN	Heart Murmur				
<input type="checkbox"/>	Dental:	Caries	Calculus	Decay	Pain			
<input type="checkbox"/>	Dermatology:	Dermatitis	Scabies	Tinea				
<input type="checkbox"/>	Endocrinology:	Diabetes	Thyroid					
<input type="checkbox"/>	ENT:	Impacted Cerumen	Perforated TM					
<input type="checkbox"/>	Genitourinary:	Dysuria/BPH	Nocturia	UTI				
<input type="checkbox"/>	GI:	Abdominal Pain	Constipation	Diarrhea				
<input type="checkbox"/>	Hearing:	<Hearing	Tinnitus					
<input type="checkbox"/>	Hematology:	Eosinophilia	Macrocytic anemia	Microcytic anemia				
<input type="checkbox"/>	Musculoskeletal:	Arthritis	Low back pain	Loss of Limb	Other Pain			
<input type="checkbox"/>	Neurology:	Headaches	Neuropathy	Seizures				
<input type="checkbox"/>	Nutrition:	FTT	Malnutrition					WIC
<input type="checkbox"/>	Obstetrics/GYN:	Dysmenorrhea	Menorrhagia	Pregnant	hCG (+) (-)	Depo due _____		
<input type="checkbox"/>	Ophthalmology:	Corneal opacity	<Vision					
<input type="checkbox"/>	Pulmonology:	Asthma	COPD	Hx TB B1 B2				
<input type="checkbox"/>	Preventive Exam:	Family Planning	Tobacco					
<input type="checkbox"/>	OTHER:							

## COMMENTS:

Screening Physician: \_\_\_\_\_

Physician Signature \_\_\_\_\_

# **APPENDIX C-Refugee Health Screener 15**

# Pathways to Wellness

## Integrating Refugee Health and Well-being

*Creating pathways for refugee survivors to heal*



**ENGLISH VERSION**

### DEMOGRAPHIC INFORMATION

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADMINSTERED BY: \_\_\_\_\_

DATE OF SCREEN: \_\_\_\_\_

DATE OF ARRIVAL: \_\_\_\_\_ GENDER: \_\_\_\_\_

HEALTH ID #: \_\_\_\_\_

**Developed by the *Pathways to Wellness* project and generously supported by the Robert Wood Johnson Foundation, The Bill and Melinda Gates Foundation, United Way of King County, The Medina Foundation, Seattle Foundation, and the Boeing Employees Community Fund.**

*Pathways to Wellness: Integrating Community Health and Well-being* is a project of Lutheran Community Services Northwest, Asian Counseling and Referral Services, Public Health Seattle & King County, and Dr. Michael Hollifield. For more information, please contact Beth Farmer at 206-816-3252 or bfarmer@lcsnw.org.

# REFUGEE HEALTH SCREENER (RHS-15)

**Instructions:** Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."



SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

*The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:*

10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

# REFUGEE HEALTH SCREENER (RHS-15)

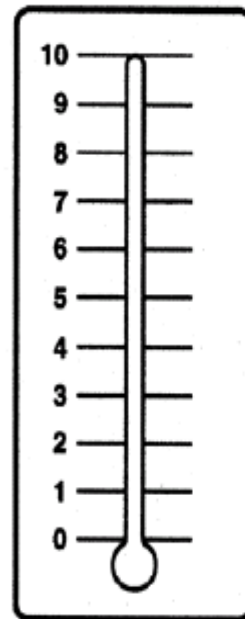
14. Generally over your life, do you feel that you are:

- Able to handle (cope with) anything that comes your way .....0
- Able to handle (cope with) most things that come your way .....1
- Able to handle (cope with) some things, but not able to cope with other things.....2
- Unable to cope with most things.....3
- Unable to cope with anything .....4

15.

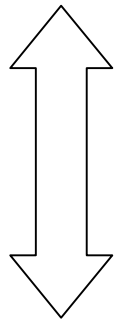
## Distress Thermometer

**FIRST:** Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



Extreme distress

"I feel as bad as I ever have"



"Things are good"

No distress

ADD TOTAL SCORE OF ITEMS 1-14: \_\_\_\_

### SCORING

Screening is **POSITIVE**

1. If Items 1-14 is  $\geq 12$  OR
2. Distress Thermometer is  $\geq 5$

Self administered: \_\_\_\_

Not self administered: \_\_\_\_

**CIRCLE ONE:**

**SCREEN NEGATIVE**

**SCREEN POSITIVE**

**REFER FOR SERVICES**



# **APPENDIX D-Utah Refugee Health Screening Network**

# Utah Refugee Health Screening Network

February 2015

<b>UDOH, Epidemiology, Refugee Health Program</b> <b>PO BOX 142104, 84114-2104</b> <b>Cannon Bldg. 288 N 1460 W, SLC, UT 84116</b> <b>Phone (801) 538-6191      Epi Fax (801) 538-9913      Refugee Health Program Fax (801) 237-0770</b>		
Amelia Self - State Refugee Health Coordinator Program Manager	801-538-6221	aself@utah.gov
Gerrie Dowdle - Health Program Specialist	801-538-6327	gdowdle@utah.gov
Chelsey Butchereit - Program Coordinator	801-538-6834	cbutchereit@utah.gov
Vacant		
Joan Parker - Office Specialist	801-538-6224	joanparker@utah.gov
<b>UDOH MEDICAID</b>		
Caryn Slack, MD	801-538-6927	ckslack@utah.gov
Jordyn Peterson	801-538-6993	jordanpeterson@utah.gov
<b>REFUGEE RESETTLEMENT AGENCIES</b>		
<b>Catholic Community Services (CCS)</b> <b>745 E 300 S, SLC, UT 84102</b> <b>Phone (801) 977-9119      Fax (801) 977-9224</b>		
Batar Aden - Refugee Resettlement Director	801-977-9119	abatar@ccsutah.org
Randy Chappell - Operations Manager	801-428-1276	rchappell@ccsutah.org
Lhaksam Choedon - Medical Services Supervisor	801-428-1250	lchoedon@ccsutah.org
Mariza Chacon - Medical Health Screening Coordinator	801-428-1238	mchacon@ccsutah.org
Justin Williams - Mental Health Coordinator	801-428-1236	jwilliams@ccsutah.org
Katie Dahlgren - Health Education Coordinator	801-428-1246	kdahlgren@ccsutah.org
Kristina Olivas - Medical Interpreter Coordinator	801-428-1248	kolivas@ccsutah.org
Julianna Potter - Foster Care Program Manager	801-428-1239	jpotter@ccsutah.org
<b>International Rescue Committee (IRC)</b> <b>PO BOX 3988, 84110</b> <b>221 S 400 W, SLC, UT 84101</b> <b>Phone (801) 328-1091      Fax (801) 328-1094</b>		
Patrick Poulin - Executive Director	801-883-8451	<a href="mailto:Patrick.Poulin@rescue.org">Patrick.Poulin@rescue.org</a>
Ashley Nguyen - Health Program Manager	801-883-8476	Ashley.Nguyen@rescue.org
Brooke Virgen - Health Access & Education Program Coordinator	801-883-8477	Brooke.Virgen@rescue.org
Lorena Badran - Health Access & Education Program Assistant	801-883-8483	Lorena.Badran@rescue.org
Jenny Lange - Mental Health Coordinator	801-883-8464	Jennifer.Lange@rescue.org
<b>Refugee &amp; Immigrant Center - Asian Association of Utah (AAU)</b> <b>155 S 300 W, SLC, UT 84101</b> <b>Phone (801) 467-6060      Fax (801) 486-3007</b>		
Lina Smith - Refugee Resettlement Director	801-467-6060	linas@aau-slc.org
Laura Vasquez - Interpreting Program Supervisor	801-990-9498	laurav@aau-slc.org
Nyuol Nyuol - Social Services Supervisor	801-990-9455	nyuoln@aau.slc.org
Annette Harris - Social Services Supervisor	801-990-9489	annetteh@aau-slc.org
<b>SALT LAKE COUNTY</b>		
<b>Salt Lake County Health Department (SLCoHD)</b> <b>610 S 200 E, SLC, UT 84111</b> <b>Phone (385) 468-4222      Fax (385) 468-4232</b>		
Debbie Dean - Bureau Director	385-468-4275	ddean@slco.org
Tair Kiphibane - Nursing Supervisor	385-468-4276	mkiphibane@slc.org
Madison Clawson - Nursing Supervisor	385-468-4277	mclawson@slco.org
Debbie Sorensen - Lead Nurse	385-468-4270	dsorensen@slco.org
Carlene Claflin - Public Health Nurse	385-468-4261	cclaflin@slco.org
Chantel Ikeda - Public Health Nurse	385-468-4259	cikeda@slco.org
Dan Batchelor - Public Health Nurse	385-468-4267	dbatchelor@slco.org
David Hernandez - Public Health Nurse	385-468-4262	dahernandez@slco.org
Jodi Neerings - Public Health Nurse	385-468-4263	jneerings@slco.org
Pete Stewart - Public Health Nurse	385-468-4265	pstewart@slco.org
Ryan Gray - Public Health Nurse	385-468-4257	rgray@slco.org
Travis Langston - Public Health Nurse	385-468-4264	tlangston@slco.org
<b>TB Chest Clinic</b> <b>Phone (385) 468-4212      Fax (385) 468-4232</b>		
TB Clinic Physician	385-468-4213	

## SCREENING CLINICS

<b>Health Clinic of Utah</b> <b>168 N 1950 W # 201, SLC, UT 84116</b> <b>Phone (801) 715-3500      Fax (801) 532-1183</b>		
Michelle Grossman - Clinic Coordinator	801-715-3380	mgrossma@utah.gov
Valie Goodman - MA Refugee Program Coordinator	801-715-3382	valiegoodman@utah.gov
Charley Borsani - MA for Victoria	801-715-3376	cborsani@utah.gov
Amber Sloan - MA for Kathy	801-715-3374	asloan@utah.gov
Gina Curran - MA for Olivier	801-715-3375	gcurran@utah.gov
<b>Sacred Circle Care</b> <b>660 S 200 E # 250, SLC, UT 84111</b> <b>Phone (801) 359-2256      Fax (801) 364-4392</b>		
John M. Lopez, DMD	801-359-2256	iloslc@yahoo.com
Steve Pehrson, MD	801-359-2256	steve.pehrson@yahoo.com
David Hadley, DMD	801-359-2256	davidhadleydmd@gmail.com
Helen Butz - Clinic Contact	801-359-2256	slc@sacredcirclehealth.com
<b>St. Mark's Family Medicine</b> <b>1250 E 3900 S # 260, SLC, UT 84124</b> <b>Phone (801) 265-2000      Fax (801) 265-2008</b>		
Karl Kirby, MD	801-265-2000x110	kkirby@utahhealthcare.org
Shantel Brimley - MA	801-265-2000	sbrimley@utahhealthcare.org
<b>MENTAL HEALTH PROVIDERS</b>		
<b>AAU MENTAL HEALTH SERVICES - Children 8 and older</b> <b>155 S 300 W, SLC, UT 84101</b> <b>Phone (801) 467-6060      Fax (801) 412-9926</b>		
Andy Tran - Program Manager	801-990-9485	andyt@aau-slc.org
Crystal Orega-Terrell - Mental Health Coordinator	801-990-9493	crystalo@aau-slc.org
<b>Utah Health and Human Rights (UHHR) - Adults and Children 8-13 meeting agency criteria</b> <b>225 S 200 E, Suite 250, SLC, UT 84111</b> <b>Phone (801) 363-4596      Fax (801) 363-4596</b>		
Cathleen Sparrow - Executive Director	801-363-4596	cathleen.sparrow@uhhr.org
Mara Rabin, MD - Medical Director	801-363-4596	mararabin@earthlink.net
Brent Pace - Clinical Director	801-363-4596	brent.pace@uhhr.org
<b>Children's Center - Children under the age of 8</b> <b>Services: Therapeutic Preschool Programs; Autism; Assessment and Evaluation; Medication Management; Family Therapy and Trauma Treatment</b> <b>350 S 400 E, SLC, UT 84111</b> <b>Phone (801) 582-5534</b>		
Brian C. Miller, Ph.D - Program Director, Trauma Program	801-582-5534	bmiller@tccls.org